



Retail Food Establishment Inspection Report

Floyd County Health Department
Telephone: 812-948-4726

X6600

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name Marks Feed Store		Telephone Number 812 249 7121	Date of Inspection (mm/dd/yr) 6/9/20	PERMIT # 19-337
Establishment Address (number and street, city, state, zip code) 3827 Charleston Rd New Albany, IN 47157		502 254 1710		
Owner JRM Fords	Purpose: Routine	Follow-up No	Release Date 10 days	
Owner's Address 3309 Collins Ln Louisville, KY 40245	2. Follow-up	Summary of Violations: NC 6 R 2		
Person in Charge Kelli Turner - marksfeedstoree@newalbany.com	3. Complaint	Menu Type (See back of page) 1 2 3 X 4 5		
Responsible Person's E-mail KTurner2007@outlook	4. Pre-Operational			
Certified Food Manager Kelli Turner (1/11/21)	5. Temporary			
	6. HACCP			
	7. Other (list)			

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"

• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

Section#	C/NC	R	Narrative	To Be Corrected By
204	NC		Observed plastic bag stored in bulk ice bin	Discarded
297	NC		Observed coffee, tea, and soft serve vending cleaned	Corrected
310	NC		Observed cutting just over arch machine	Corrected
342	NC		Observed hot water handle on handwash at ice to be broken	1 week
347	NC		Observed no hand soap available at handwash at ice	Corrected
392	NC	R	Observed dumpster left open	Corrected
189	C	R	Measured 6/8 items in walk-in at 45-50° - Kitchen is hot and walk-in left open during prep - PIC and cook will continue to monitor - if not 41° or cooler by 3pm, then product will be discarded - PIC calling maintenance just to be safe	Today
			Discussed Covid 19 response and procedures	

Received by (name and title printed):

Kelli Turner general manager

Inspected by (name and title printed):

A.J. Ingram (CFS)

Received by (signature):

Kelli Turner

Inspected by (signature):

aj

cc:

cc:

cc:

